

Entered - 11/02/00 - sb
CL00L0668 - DIANNE C. MITCHELL

CLAIM OF: **JOSEPH AND ETHEL HOLMES**
3752 Stephanie Drive, SW
Atlanta, Georgia 30331-5523

01- R-0271

For damages alleged to have been sustained as a result of a sewer
back up on August 1, 2000 at 3752 Stephanie Drive, SW.

THIS ADVERSED REPORT IS APPROVED

BY: Rosalind Rubens Newell by
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY *Robert N. Craig DCA*

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0668

Date: February 12, 2001

Claimant /Victim JOSEPH AND ETHEL HOLMES

BY: (Atty) _____

Address: 3752 Stephanie Drive, SW, Atlanta, Georgia 30331-5523

Subrogation: _____ Claim for Property damage \$ 4,430.00 Bodily Injury \$ _____

Date of Notice: 10/23/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 08/01/00 Place: 3752 Stephanie Drive, SW

Department Public Works Division: Sewer Operations

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimants' allege their property was damaged due to a sewer back up. The investigation determined the City had no notice of any problems with the sewer line prior to the incident involving the claimants. The City is immune from liability as set forth in O.C.G.A. §36-33-1.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

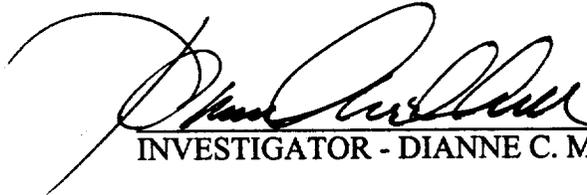
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

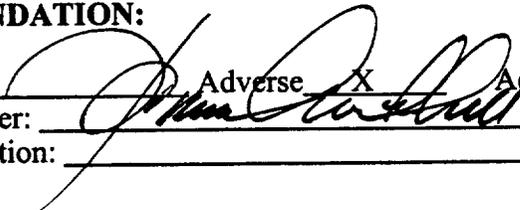
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

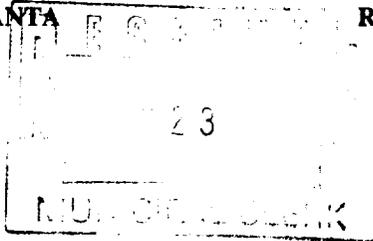
Claims Manager:  Concur/date 02-20-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Mitchell
11/02/00
DAM



Today's Date: 10-19-00

Dear Municipal Clerk:

ENTERED - 11-2-00 - SB
00L0668 - DIANNE MITCHELL

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 4430.00 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 8-1-00 (month/day/year). 2. Time of Incident: _____ 3. Police called: _____ Yes No

4. Location of incident (including street address): 3752 Stephanie DR SW, ATL, GA

5. Name of your insurance company: STATE FARM Policy No. _____

6. State what and how incident occurred: Blockage in street caused Raw Sewage to Enter Home and make a total mess, Destroying a Number of Items as well as damage Home. (see Pictures)

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and / or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

Joseph & Ethel Holmes
(Print Claimant's Name)

3752 Stephanie Dr., SW
(Address)

Atlanta, Ga. 30331-5523
(City, State and Zip Code)

(Work Number)

(Home Number)

01-R-0271